

FILED JUN 12 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

5037

State File No.

17297

Registrar's No.

80

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural Saltriver 2nd
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #3, Mexico, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 24 years
years, months or days

3. (a) PRINT FULL NAME James H. Dodd

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dona Dodd 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 21, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Green County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name J.J. Dodd
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Lee
15. Birthplace Unknown 21
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Dodd

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 5/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Callaway County Mo

18. (a) Signature of funeral director Carl E. Pugh
(b) Address Mexico, Mo.

19. (a) 5/18/44 (b) Margaret H. Mackie
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3, Mexico
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death I found the deceased came to his death by natural cause, Cerebral Hemorrhage.
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Eug. Bunker Coroner (M. D. or other)

Address Mexico, Mo. Date signed 5/18/44

RECEIVED

District Health Officer No. 10

District File Number 6-44-113

Date Filed JUN 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Earl E. Precht, Registered Apprentice No.
working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3182

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.